

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BH		4/5/01
O.I.P.E. CLASSIFIER	M		4-30-01
FORMALITY REVIEW	BZ	303-883	6-01-01
RESPONSE FORMALITY REVIEW	BZ	1091	9-30-01

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

BEST AVAILABLE COPY

Claim	Date
Final	
Original	
1	8/5/01
2	11/26/02
3	5/05/03
4	12/09/03
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Claim	Date
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If more than 150 claims or 10 actions
 staple additional sheet here

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 9-20-01
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